# R381-100-17: MEDICATIONS

## Purpose

This section provides rules and information about storing and administering medication to children in care.

## **General Information**

The purposes of this rule are to avoid harm to children through errors in administering medications, and to prevent children from getting into and ingesting medications by themselves. *CFOC*, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3

(1) If medications are given, they shall be administered to children only by a provider trained in the administration of medications as specified in this rule.

# Rationale / Explanation

The purpose of this rule is to avoid harm to children through errors in administering medications. *CFOC, 3<sup>rd</sup> Ed. pgs.* 143-144 Standard 3.6.3.3

If the medication to be administered does not require any special instructions, then annual training in the licensing rules for administering medication qualifies a provider as being "trained in the administration of medications" for the purposes of this rule. If medication requires specialized administration (for example, an EPI pen or a nebulizer), then the person administering the medication must have been trained to administer it by either the child's parent or a health care professional.

### **Enforcement**

Level 1 Noncompliance if administration of medication by an untrained caregiver results in harm to a child. Level 3 Noncompliance otherwise.

#### **Assessment**

Licensees may request a variance to this rule if parents give written permission for their child to administer their own medication (for example, insulin shots).

- (2) All over-the-counter and prescription medications shall:
  - (a) be labeled with the child's full name;
  - (b) be kept in the original or pharmacy container;
  - (c) have the original label; and,
  - (d) have child-safety caps.

## **Enforcement**

Always Level 2 Noncompliance.

## **Assessment**

If over-the-counter medication is provided for siblings, the medication needs the last name and all of the children's first names.

The following are suggestions for labeling small medication, for example a small vial:

- Until the medication is used, keep it in the box with the prescription information on it.
- Write the name on the bottom of the medication.
- Use a clear address label.
- Attach a label to a twist tie or zip tie, attach the zip-tie around the neck of the medication.
- Keep the vial in a container and label the container.

Providers do not have to label medication owned by the Licensee or medication for staff.

When a child safety cap is not available, such as for herbal supplements, ear drops, nasal spray, throat spray, and prescription lotions, the medication will not be considered out of compliance as long as all the other rules regarding medications are followed.

If providers choose to put medications in Zip-lock bags they may label the bag or the medication. All other medication rules must be followed.

If the provider chooses to attach the medication permission form to the Zip-lock bag and the form has the child's full name, the medication will be considered labeled.

(3) All non-refrigerated medications shall be inaccessible to children and stored in a container or area that is locked, such as a locked room, cupboard, drawer, or a lockbox. The provider shall store all refrigerated medications in a leakproof container.

### **Enforcement**

Always Level 2 Noncompliance.

#### Assessment

A nebulizer apparatus that does not have the medication does not have to be inaccessible. If the medication is in the apparatus, it must be inaccessible and locked.

A refrigerated vial of medication that cannot be removed from the container except with a hypodermic needle does not need an additional leakproof container.

For the purposes of storing medications, "locked" can include a cupboard or drawer that is secured with a child safety device.

If first aid kits have medications in them, the kit must be locked or in an area that is locked.

Liquid medication stored in refrigerators, whether or not refrigeration is required, must be in leak-proof containers.

A container that does not have a lid, such as a drawer in a refrigerator, can be considered a leak-proof container if there is nothing in the container except medications; all four sides of the container are taller than the medication being stored there; and there are no cracks in the container.

Medications on a shelf in an unlocked office will be considered out of compliance, even when children are never unsupervised in those offices.

The following **are** considered over the counter medications:

Airbourne	herbal tea concentrates	pain relief sprays (i.e. Dermoplast)
antacids	lpecac syrup	topical painkillers (i.e. Icy hot and Bengay)
cough and throat lozenges	laxatives	vapor rubs (i.e. Vicks)
dietary supplements	melt-away thin strip medications	
energy shot drinks, 2 oz bottles	nasal sprays or drops (non- saline)	

The following **are not** considered over the counter medications:

acne cream (i.e. ProActive)	glycerin suppositories	skin treatment patches (i.e. Dr. Scholl's)
antibiotic ointment (i.e. Neosporin)	liquid bandage products	weight loss drinks
eye wash	protein powders	witch hazel
energy drinks (i.e. Red Bull)	Relaxation drinks (i.e. Chillax)	

If medication is stored in a backpack, fanny pack, etc. worn by a caregiver it will be considered inaccessible to children and will not be required to be locked.

(4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child.

# **Enforcement**

Always Level 1 Noncompliance.

## **Assessment**

This rule is out of compliance if a child is given a medication without parental permission.

- (4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child. The permission form must include:
  - (a) the name of the child;
  - (b) the name of the medication;
  - (c) written instructions for administration; including:
    - (i) the dosage:
    - (ii) the method of administration;
    - (iii) the times and dates to be administered; and
    - (iv) the disease or condition being treated; and
  - (d) the parent signature and the date signed.

#### Rationale / Explanation

A medication's method of administration means the way the medication is given. Examples are orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).

## **Enforcement**

Always Level 2 Noncompliance.

## **Assessment**

This rule is out of compliance if medication is given and there is parental permission, but the permission form does not include all required information.

For the purposes of this rule, a parent can leave over-the-counter medication with the provider with an ongoing permission form asking that the medication be given as indicated by the parents.

If a medication form includes the required medication permission items and the required medication administration items, both rules will be considered in compliance if all of the required information is somewhere on the form.

- (5) If the provider keeps over-the-counter medication at the center that is not brought in by a parent for their child's use, the medication shall not be administered to any child without prior parental consent for each instance it is given. The consent must be either:
  - (a) prior written consent; or
  - (b) oral consent for which a provider documents in writing the date and time of the consent, and which the parent or person picking up the child signs upon picking up the child.

## **Enforcement**

Always Level 2 Noncompliance.

(6) If the provider chooses not to administer medication as instructed by the parent, the provider shall notify the parent of their refusal to administer the medication prior to the time the medication needs to be given.

# Rationale / Explanation

The purpose for this rule is so that parents do not drop a child off at the center thinking their child will be given medication as requested, if the child will in fact not be given the medication.

## **Enforcement**

Level 1 Noncompliance if the condition being treated could be life threatening.

Level 2 Noncompliance otherwise.

- (7) When administering medication, the provider administering the medication shall:
  - (a) wash their hands;
  - (b) check the medication label to confirm the child's name;
  - (c) compare the instructions on the parent release form with the directions on the prescription label or product package to ensure that a child is not given a dosage larger than that recommended by the health care provider or the manufacturer;
  - (d) administer the medication; and

## **Enforcement**

Level 1 Noncompliance if the provider does not follow (c) and this results in harm to a child.

Level 2 Noncompliance otherwise.

### **Assessment**

Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

- (7) When administering medication, the provider administering the medication shall:
  - (e) immediately record the following information:
    - (i) the date, time, and dosage of the medication given;
    - (ii) the signature or initials of the provider who administered the medication; and,
    - (iii) any errors in administration or adverse reactions.

### **Enforcement**

Level 2 Noncompliance if failure to record the administration of medication results in a child being given an extra dose of a medication or missing a needed dose of medication.

Level 3 Noncompliance otherwise.

## Assessment

If a medication form includes the required medication permission items and the required medication administration items, both rules will be considered in compliance if all of the required information is somewhere on the form.

Although it is not recommended, providers may put medication in a food source, such as crush pills and put them in juice or applesauce.

(8) The provider shall report any adverse reaction to a medication or error in administration to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.

# **Enforcement**

Always Level 1 Noncompliance.